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Bib Data Sheet

CONFIRMATION NO. 1771

SERIAL NUMBER 09/829,700	FILING DATE 07/03/2001 RULE	CLASS 181	GROUP ART UNIT 2837	ATTORNEY DOCKET NO. 33495	
APPLICANTS Volker Kuhnel, Mannedorf, SWITZERLAND; Andreas Von Buol, Zurich, SWITZERLAND;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/18/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 2	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
ADDRESS 000116					
TITLE Method for individualizing a hearing aid					
FILING FEE RECEIVED 970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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CONFIRMATION NO. 1771

SERIAL NUMBER 09/829,700	FILING DATE 04/10/2001	CLASS 181	GROUP ART UNIT 2644	ATTORNEY DOCKET NO. 33495	
APPLICANTS Volker Kuhnel, Mannedorf, SWITZERLAND; Andreas Von Buol, Zurich, SWITZERLAND;					
** CONTINUING DATA ***** <div style="text-align: right;"><i>- none - fa</i></div>					
** FOREIGN APPLICATIONS ***** <div style="text-align: right;"><i>none - fa - none - As</i></div>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/18/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 150px; margin-top: 5px;"> <i>Andreas Von Buol</i> Examiner's Signature </div> <div style="border-bottom: 1px solid black; width: 50px; margin-top: 5px;"> Initials </div> </div>		STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 2	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
ADDRESS 000116					
TITLE Method for individualizing a hearing aid					
FILING FEE RECEIVED 970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> All Fees</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.16 Fees (Filing)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.18 Fees (Issue)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> Other _____</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Credit</div>		